

ORIGINAL

ETHICAL IMPERATIVES AND THE NEW PHYSICIAN:
V. RESPONDING TO THE PATIENT WITH AIDS

COMMENCEMENT ADDRESS BY
C. EVERETT KOOP. M.D., Sc.D.
SURGEON GENERAL
OF THE
U.S. PUBLIC HEALTH SERVICE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRESENTED AT CLASS DAY EXERCISES
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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I AM VERY PLEASED AND HONORED TO HAVE BEEN ASKED TO DELIVER
THIS YEAR'S CLASS DAY ADDRESS HERE AT HARVARD.

OVER THE YEARS I'VE DEVELOPED STRONG FRIENDSHIPS WITH MANY
MEMBERS OF THE HARVARD MEDICAL AND PUBLIC HEALTH COMMUNITIES.
THEIR WISE COUNSEL AND PATIENT SUPPORT HAVE BEEN VERY IMPORTANT
TO ME AS YOUR SURGEON GENERAL.

BUT THOSE FRIENDSHIPS ARE WITH FACULTY ... WITH THE
"ESTABLISHMENT" ... WITH THE MEMBERS OF THE "OLD BOY" AND NOW THE
"OLD GIRL" NETWORKS.

YOUR INVITATION, THEREFORE, CARRIED WITH IT A MOST WELCOME
AND MOST HEARTENING MESSAGE: I HAVE FRIENDS AMONG YOUNG
PHYSICIANS, TOO.

AND THAT'S EXTREMELY IMPORTANT NOT JUST TO ME PERSONALLY,
BUT TO THE OFFICE OF THE SURGEON GENERAL. MY PREDECESSORS AND I
-- AND MY SUCCESSORS, ALSO -- DEAL NOT ONLY WITH ISSUES OF THE
HERE AND NOW, BUT ALSO WITH ISSUES THAT WE BELIEVE LIE JUST ON
THE HORIZON -- OR EVEN JUST BEYOND IT.

ON MY OWN WATCH, FOR EXAMPLE, SINCE 1981, I HAVE HAD SOMETHING TO DO WITH SUCH PUBLIC HEALTH MATTERS AS TEEN-AGE PREGNANCY, FETAL ALCOHOL SYNDROME, AND FAMILY VIOLENCE. THOSE ARE THE "HERE AND NOW" ISSUES.

BUT I'VE ALSO BEEN CONCERNED ABOUT...

- * IMPROVING HEALTH SERVICES FOR THE HANDICAPPED...
- * EXPANDING HEALTH SERVICES FOR THE AGED...
- * AND, OF COURSE, RESPONDING TO THE CHALLENGE OF AIDS.

I WANT TO SPEND THESE FEW MOMENTS TALKING ABOUT AIDS, BUT NOT IN A WAY THAT MIGHT ALARM OR UPSET YOU, YOUR FAMILIES, OR YOUR FRIENDS ON THIS OTHERWISE GLORIOUS DAY. AND ANYWAY, THIS IS A COMMENCEMENT ... NOT GRAND ROUNDS.

SO, WITH YOUR INDULGENCE LET ME APPROACH THIS EXTREMELY IMPORTANT HEALTH AND SOCIAL ISSUE FROM THE VIEWPOINT OF THE SEVERAL ETHICAL QUESTIONS IT HAS RAISED FOR MEDICINE ... AND, INDEED, FOR ALL OF SOCIETY.

FIRST, I WANT TO TELL YOU THAT THIS ADDRESS IS THE 5TH IN A CYCLE OF 6 MEDICAL SCHOOL COMMENCEMENT ADDRESSES I AM DELIVERING THIS SPRING -- EACH ONE DIFFERENT, OF COURSE -- BUT ALL OF THEM CONCERNED WITH THE "ETHICAL IMPERATIVES" THAT CONFRONT THE NEW PHYSICIAN.

I GAVE THE FIRST ONE A MONTH AGO IN WASHINGTON, D.C. I WILL DELIVER THE 6TH NEXT WEEK IN CHICAGO. AND SOMETIME LATER THIS SUMMER I HOPE TO SEND EACH OF YOU A FINAL PUBLISHED COPY OF ALL 6 ADDRESSES. YOU SEE, I DON'T WANT YOU TO MISS A WORD OF IT.

WHY AM I DOING THIS? TO BEGIN WITH, THE SUBJECT OF "ETHICS" SEEMS TO BE ON EVERYONE'S MIND THESE DAYS: LAWYERS, EDUCATORS, GOVERNMENT OFFICIALS, BUSINESS MANAGERS, AND PHYSICIANS.

AND I NEED NOT REMIND YOU THAT TWO OF THE BIGGEST BOX-OFFICE HITS FROM HOLLYWOOD THIS PAST YEAR WERE WALL STREET AND BROADCAST NEWS, BOTH OF THEM VERY TOUGH-MINDED STORIES ABOUT PERSONAL ETHICS THAT WENT SOUR.

ALSO, FROM MY OWN EXPERIENCE AS SURGEON GENERAL, I CAN TELL YOU THAT THERE'S BEEN AN IMPORTANT ETHICAL DIMENSION TO EVERY MEDICAL AND HEALTH PROBLEM THAT WAS PLACED ON MY AGENDA SINCE THE DAY I TOOK OFFICE, BACK IN 1981.

TODAY, I WANT TO FOCUS ON THE ETHICAL SIDE OF THE ISSUE OF AIDS. AND I DO SO, BECAUSE VIRTUALLY EVERY ETHICAL QUESTION THAT HAS ARISEN FROM A WIDE RANGE OF OTHER HEALTH PROBLEMS, HAS ALSO BEEN RAISED REGARDING THE SINGLE PROBLEM OF AIDS. WERE I TO GIVE THIS ADDRESS A SUB-TITLE, IT MIGHT BE "THE RELUCTANT PHYSICIAN."

AS YOU KNOW, I'M SURE...

- * AIDS IS VIRTUALLY 100 PERCENT FATAL...
- * WE HAVE NO VACCINE AGAINST IT AND NO DRUGS TO CURE PEOPLE WHO BECOME INFECTED...
- * PEOPLE GET AIDS BY DOING THINGS MOST PEOPLE DON'T DO AND DO NOT APPROVE OF.
- * AND OUR ONLY WEAPON OF ANY CONSEQUENCE AT THIS TIME IS PUBLIC EDUCATION TO CHANGE SOME RATHER BASIC HUMAN BEHAVIORS INCLUDING SEXUAL BEHAVIOR.

AIDS, THEN, HAS ALL THE ELEMENTS OF A MAJOR HUMAN TRAGEDY:
FEAR...PREJUDICE...REJECTION...AND HOPELESSNESS.

LAST YEAR I WROTE AN EDITORIAL IN JAMA ASKING PHYSICIANS TO TAKE THE LEAD IN THE FIGHT AGAINST AIDS. I DON'T THINK I UNDERESTIMATED THE RESPONSIBILITIES I WAS LAYING BEFORE THE MEDICAL COMMUNITY. BUT, IN RETROSPECT, PERHAPS I SHOULD HAVE SPELLED IT OUT MORE FULLY.

IN THIS "AGE OF AIDS" PHYSICIANS ARE BEING ASKED TO DO THINGS THEY DON'T LIKE TO DO. FOR EXAMPLE ...

- * TO CARE FOR YOUNG PATIENTS WHO MAY GET WELL FOR A SHORT PERIOD OF TIME -- AND THEN DIE

* TO TREAT A NUMBER OF RARE MALADIES THEY NEVER SAW BEFORE THAT ARE BUNCHED TOGETHER UNDER THE GLIB LABEL OF "OPPORTUNISTIC DISEASES"

* WE ASK THEM TO TEST FOR H.I.V. ANTIBODIES AND THEN TO COUNSEL PATIENTS WHO ARE H.I.V. NEGATIVE HOW TO STAY NEGATIVE ... TO COUNSEL PATIENTS WHO ARE H.I.V. POSITIVE HOW TO PROTECT OTHER PEOPLE -- AND HOW TO FACE THE FUTURE ... AND TO COUNSEL THOSE PATIENTS WHO REFUSE TO BE TESTED ALTOGETHER.

ALL THAT IS BAD ENOUGH, BUT WE'RE ALSO ASKING PHYSICIANS TO TAKE A SEXUAL AND DRUG-USE HISTORY OF APPROPRIATE PATIENTS -- AND IN MANY PRACTICE AREAS THAT MIGHT MEAN MOST PATIENTS.

BUT, AS DR. NEIL SCHRAM OF LOS ANGELES SAYS, "MOST PHYSICIANS HAVE HAD LITTLE TRAINING FOR THIS, SO A GREAT DEAL OF NEW INFORMATION AND A GREAT MANY NEW SKILLS MUST BE LEARNED AND APPLIED."

AND I WOULD ADD THAT SUCH SKILLS MUST BE "LEARNED AND APPLIED" ... RIGHT NOW.

WHAT I JUST DISCUSSED CONCERNS, OF COURSE, THE DANGER TO THE GENERAL PUBLIC. BUT SHOULD PHYSICIANS ALSO BE CONCERNED ABOUT THE POTENTIAL DANGER TO THEMSELVES? YES, THEY SHOULD.

WHILE YOU, AS PRACTICING PHYSICIANS, ARE MANKIND'S FIRST LINE OF DEFENSE AGAINST AIDS, ETHICALLY YOU SHOULD BE AS CONCERNED FOR YOUR OWN HEALTH AS YOU ARE FOR THE HEALTH OF YOUR PATIENTS.

THIS IS NOT AN OVERWHELMING TASK, BY THE WAY. QUITE EARLY IN THE HISTORY OF THIS EPIDEMIC, THE U.S. PUBLIC HEALTH SERVICE PUBLISHED A SET OF COMMON-SENSE SAFETY GUIDELINES FOR ALL HEALTH PERSONNEL, INCLUDING PHYSICIANS. THE GUIDELINES SUGGEST YOU USE GLOVES AND BE ESPECIALLY CAREFUL AROUND NEEDLES AND SCALPELS, WHEN TREATING PATIENTS WITH AIDS.

I SHOULD ALSO MENTION THE GUIDELINES OF THE AMERICAN HOSPITAL ASSOCIATION, CONCERNING THE HANDLING OF BODY FLUIDS. THEY ARE SENSIBLE AND I BELIEVE THEY, TOO, OUGHT TO BE FOLLOWED AS A GENERAL RULE, NOT JUST IN CASES WHERE SEROPOSITIVITY IS SUSPECTED.

I THINK THESE GUIDELINES HAVE WORKED, ALONG WITH THE GOOD SENSE OF HEALTH PROFESSIONALS EVERYWHERE. OF THE NEARLY 7 MILLION PEOPLE INVOLVED IN HEALTH CARE IN THIS COUNTRY -- PHYSICIANS, DENTISTS, NURSES, LAB TECHNICIANS, EMERGENCY ROOM PERSONNEL, AND SO ON -- FEWER THAN A DOZEN HAVE BECOME ACCIDENTALLY INFECTED WITH THE AIDS VIRUS WHILE PROVIDING DIRECT PATIENT CARE.

AND IN ALMOST EVERY CASE, THE ACCIDENT COULD HAVE BEEN PREVENTED.

BUT DESPITE THIS EXTRAORDINARY SAFETY RECORD WE STILL HEAR -- EVERY DAY -- INSTANCES IN WHICH A PHYSICIAN, DENTIST, NURSE, AND OTHER HEALTH PROFESSIONAL HAS REFUSED TO TREAT PERSONS WITH AIDS...OR EVEN TO TREAT PERSONS WHOM THEY SUSPECT OF HAVING AIDS.

SUCH CONDUCT HAS NEVER BEEN CONDONED. AND YOU NEED LOOK NO FARTHER THAN THE HIPPOCRATIC OATH FOR PROOF. ALMOST 2,400 YEARS AGO, HIPPOCRATES WROTE...

QUOTE..."I WILL USE TREATMENT TO HELP THE SICK ACCORDING TO MY ABILITY AND JUDGMENT BUT NEVER WITH A VIEW TO INJURY OR WRONGDOING..."..CLOSE QUOTE.

DENYING TREATMENT TO SOMEONE WHO HAS AIDS ... TURNING AWAY A PERSON WHO IS SICK AND DYING ... THAT IS DOING SOMETHING WRONG.

IT WAS WRONG 2,400 YEARS AGO.

IT'S WRONG TODAY.

AND IT WILL CONTINUE TO BE WRONG TOMORROW, WHILE THIS TERRIBLE EPIDEMIC IS STILL WITH US.

FORTUNATELY, THE MAJORITY OF PHYSICIANS AND OTHER HEALTH PROFESSIONALS HAVE FORTHRIGHTLY RE-STATED THE HIPPOCRATIC PRINCIPLE IN CONTEMPORARY TERMS.

THE REFUSAL TO TREAT AIDS PATIENTS IS UNACCEPTABLE PROFESSIONAL BEHAVIOR, SAY THE AMERICAN MEDICAL ASSOCIATION, THE AMERICAN COLLEGE OF PHYSICIANS, THE AMERICAN NURSES ASSOCIATION, THE AMERICAN DENTAL ASSOCIATION, AND MANY OTHERS.

AND, OF COURSE, I HAVE SAID IT OVER AND OVER AGAIN IN THE PAST 2 YEARS, IN THE MEDIA -- NEWSPAPERS, RADIO, AND T.V. -- AND FROM DOZENS OF PLATFORMS SUCH AS THIS.

I DON'T WANT TO OVER-STATE THE CASE, SO I WILL GLADLY ACKNOWLEDGE THAT NATIONWIDE THE GREAT MAJORITY OF OUR COLLEAGUES, WHEN ASKED, HAVE INDEED PROVIDED -- AND WILL CERTAINLY CONTINUE TO PROVIDE -- QUALITY, COMPASSIONATE CARE TO PERSONS WITH AIDS.

BUT THE ETHICAL CONDUCT OF THE MAJORITY SHOULD NOT IN ANY WAY SHIELD THE UN-PROFESSIONAL AND UNETHICAL CONDUCT OF A FEARFUL AND IRRATIONAL MINORITY ... CONDUCT THAT THREATENS TO REND THE VERY FABRIC OF HEALTH CARE IN THIS COUNTRY.

IF SUCH DISCRIMINATORY CONDUCT IS PERMITTED WITH REGARD TO AIDS, THEN WHAT WILL BE THE NEXT EXCEPTED CONDITION ... OR CLASS OF PATIENT?

BUT AGAIN, I WOULD EMPHASIZE THAT PHYSICIANS SHOULD NOT BE UNNECESSARILY EXPOSED TO RISK, BECAUSE OF THEIR ETHICAL CONDUCT.

I'VE ALREADY MENTIONED THE P.H.S. GUIDELINES. BUT I THINK WE NEED TO LOOK AT PATIENT TESTING AS WELL.

I BELIEVE THAT ROUTINE TESTING OF ALL PATIENTS IS UNNECESSARY AND PRESENTS A GREATER BURDEN TO INSTITUTIONS THAN THE OCCASIONAL AIDS PATIENT DOES.

HOWEVER, TESTING PATIENTS ON A CASE-BY-CASE BASIS MAKES SENSE.

IF A HOSPITAL ADMITS A PATIENT WHO PRESENTS THE MARKS AND SYMPTOMS OF AN INTRAVENOUS DRUG ADDICT -- AND IF THE INSTITUTION IS IN AN AREA WHERE, IN FACT, AIDS HAS BEEN REPORTED -- THEN I THINK THE INSTITUTION HAS AN OBLIGATION TO ITS STAFF TO DO A ROUTINE BLOOD TEST FOR AIDS ON THAT NEW ARRIVAL.

I THINK THE SAME SHOULD BE SAID FOR A HOMOSEXUAL PATIENT WITH A HISTORY OF SEXUAL PROMISCUITY AND/OR SEXUALLY TRANSMITTED DISEASE AND FOR A HETEROSEXUAL PATIENT WITH A HISTORY OF MULTIPLE SEX PARTNERS.

OF COURSE, SUCH A POLICY MEANS STRONG INTERNAL CONTROLS OVER TEST RESULTS AND A RESTRICTED CIRCLE OF PERSONNEL WHO HAVE A "NEED TO KNOW" THOSE TEST RESULTS.

HOSPITALS ALREADY HAVE SUCH CONTROL SYSTEMS IN PLACE. ARE THEY PERFECT? NO, THEY'RE NOT. I'VE BEEN IN MEDICINE FOR ALMOST A HALF CENTURY AND I HAVEN'T SEEN PERFECTION YET. WHY SHOULD IT SUDDENLY APPEAR NOW?

BUT THAT ARGUMENT IS NOT GOOD ENOUGH TO PREVENT AN INSTITUTION FROM ESTABLISHING A POLICY OF RESTRAINED PATIENT TESTING FOR THE PRESENCE OF AIDS ANTIBODIES.

I THINK THAT PEOPLE WHO CANNOT CONTROL THEIR OWN HIGH-RISK BEHAVIOR SHOULD NOT EXPECT -- NOR SHOULD THEY GET -- A "FREE RIDE" FROM THE HEALTH CARE SYSTEM.

THERE ARE PENALTIES FOR HIGH-RISK BEHAVIOR. ONE OF THEM IS THE POSSIBILITY OF DYING OF AIDS. ANOTHER IS THE POSSIBILITY THAT YOU WILL BE TESTED FOR AIDS, AS A PRIOR CONDITION TO RECEIVING MEDICAL CARE.

IN ANY CASE, I DON'T BELIEVE THE ETHICAL QUESTIONS SURROUNDING THE AIDS ISSUE ARE QUESTIONS FOR HEALTH PERSONNEL ONLY. SOCIETY IN GENERAL OUGHT TO BE HELD TO A STRONG ETHICAL STANDARD.

NEITHER MEDICAL PERSONNEL NOR ANYONE ELSE SHOULD BE PLACED AT ANY UNNECESSARY OR PREVENTABLE RISK, IF THEY OTHERWISE ACT IN AN ETHICAL MANNER.

CONVERSELY, IF MEDICAL PERSONNEL OR ANYONE ELSE CAN'T ABIDE BY A COMMON, COMMUNITY STANDARD, THEN THEY MUST BE PREPARED TO PAY A PRICE. AND IT COULD BE A VERY HIGH PRICE.

IF A PHYSICIAN OR OTHER HEALTH WORKER BECOMES SEROPOSITIVE OR HAS AIDS, I BELIEVE THAT PERSON IS OBLIGED TO REPORT SUCH INFORMATION TO HIS OR HER SUPERVISOR. FROM THAT POINT ON, I SUGGEST THAT A LOCAL COMMITTEE OF PEERS OUGHT TO DECIDE WHAT THE INFECTED PERSON CAN AND CANNOT DO IN HEALTH CARE.

AND I MIGHT ADD THAT THE LONGER THE HEALTH PROFESSION DELAYS ESTABLISHING ETHICAL PROCEDURES COVERING ITS OWN PEOPLE WITH AIDS, THE SOONER WILL THE PUBLIC LOSE PATIENCE AND TURN TO THE COURTS FOR RELIEF. AND THE COURTS WILL -- ONCE AGAIN -- HAVE TO STEP IN AND TELL MEDICINE WHAT TO DO.

AND FINALLY ... WHAT ABOUT THE COST OF HEALTH CARE FOR PEOPLE WITH AIDS? WHAT IS THE ETHICAL IMPERATIVE IN THIS ISSUE?

YOU KNOW, OF COURSE, THAT THE AMERICAN TAXPAYER WILLINGLY SUPPORTS MATERNAL AND CHILD HEALTH PROGRAMS, FOR EXAMPLE, AND DIABETES CONTROL AND HYPERTENSION SCREENING PROGRAMS, AND SO ON.

RELATED PHYSICIAN SERVICES, NURSING CARE, LABORATORY FEES
... MOST OF THOSE ARE ALSO PAID OUT OF GENERAL TAX REVENUES.

TAXPAYERS ALSO SUPPORT PROGRAMS FOR ALCOHOLICS, DRUG
ADDICTS, AND PERSONS WITH SYPHILIS. YOU MIGHT ONE DAY PROVIDE
THOSE SERVICES, OR -- TRAGICALLY -- YOU MIGHT ONE DAY NEED THEM
YOURSELF.

IN ANY CASE, THOSE ARE PROGRAMS THAT ARE GEARED TO BRING --
OR TO BRING BACK -- MEN, WOMEN, AND CHILDREN TO A STATE OF GOOD
HEALTH.

WE LIKE THOSE PROGRAMS. THEY SERVE IMPORTANT PURPOSES AND THEY AREN'T VERY EXPENSIVE EITHER.

THE AIDS PROGRAM OUGHT TO BE IN THIS CATEGORY, TOO. BUT IT REALLY ISN'T. AFTER CONSUMING TENS OF THOUSANDS OF DOLLARS WORTH OF MEDICAL CARE AND SOCIAL SERVICES ... THE AIDS PATIENT IS NOT CURED. THE PATIENT DIES.

AS I MENTIONED EARLIER, AND AS YOU KNOW FULL WELL, I'M SURE, THIS DISEASE IS VIRTUALLY 100 PERCENT FATAL.

NOW, THE AIDS CASE-LOAD IS CLIMBING. AND SO ARE THE COSTS. THE CARE REQUIRED FOR AN AIDS PATIENT IS BOTH TECHNOLOGY- AND LABOR-INTENSIVE. HENCE, THE AVERAGE COST OF CARE FOR ONE AIDS PATIENT FOR ONE YEAR IS \$20,000, ACCORDING TO FIGURES RECENTLY PUBLISHED IN JAMA.

IN 1991, WE ANTICIPATE LOGGING IN 74,000 NEW AIDS PATIENTS. THE TOTAL COST OF PATIENT CARE THAT YEAR COULD BE AT LEAST \$4.5 BILLION ... OR AS MUCH AS \$8 BILLION, IF YOU TAKE INCLUDE THE COST OF LOST PRODUCTIVITY AND SO ON.

WILL THE AMERICAN PEOPLE CONTINUE TO SUPPORT HIGH-COST PATIENT CARE FOR PEOPLE WITH AIDS?

WILL YOU BE WILLING TO SUPPLY SUCH CARE -- REGARDLESS OF THE
WAY YOU'RE REIMBURSED?

WILL THE GENERAL PUBLIC ASK FOR RELIEF? WILL THEY ASK THAT
CORNERS BE CUT?

WILL THEY DEMAND A CHEAPER KIND OF "SECOND-CLASS CARE" FOR
AIDS PATIENTS?

AND IF THEY DO, WILL YOU GO ALONG WITH THAT? OR NOT?

I URGE YOU TO WORK OUT IN YOUR OWN MINDS JUST WHAT YOUR RESPONSE TO THESE ETHICAL ISSUES MIGHT BE, AS THEY ARISE IN YOUR PROFESSIONAL LIVES. BECAUSE THEY SURELY WILL ARISE ... AND IN SOME HIGHLY PUBLICIZED WAY, TOO, I FEEL SURE.

THAT HASN'T HAPPENED YET. BUT I'M POSITIVE THAT THE DISEASE OF AIDS WILL SOON HAVE ITS OWN PATIENT ... SOMEONE LIKE "BABY DOE" OR KAREN ANN QUINLAN ... A PERSON -- AT ONCE BOTH REAL AND SYMBOLIC -- WHO WILL SUDDENLY SYNTHESIZE ALL THE VARIOUS ARGUMENTS, PRO AND CON, ABOUT THE COSTS OF CARE FOR AIDS PATIENTS.

LAWYERS AND JUDGES AND C.P.A.'s AND ALL MANNER OF PEOPLE WILL TAKE TO THE PUBLIC PLATFORM TO ARGUE THE ETHICAL QUESTIONS RAISED BY THE CASE. AND THEY COULD ALL BUT DROWN OUT THE VOICE OF MEDICINE ... YOUR VOICE, I MIGHT ADD.

THAT'S WHY I FEEL IT IS ESSENTIAL FOR EACH OF YOU TO LOOK AT THESE MATTERS NOW -- BEFORE THEY HIT THE STREETS AND THE EVENING NEWS -- AND BEFORE YOU YOURSELF ARE GOADED INTO MAKING A HASTY AND UNETHICAL RESPONSE TO THE QUESTIONS RAISED.

I'D LIKE TO SURPRISE YOU AND COME UP WITH SOME HARD AND FAST ANSWERS TO THE QUESTIONS I'VE RAISED TODAY.

BUT I DON'T HAVE THEM. NO ONE HAS.

YET, ALL OF US SHOULD BE DEEPLY CONCERNED ABOUT THE ANSWERS THAT WILL BE EVOLVING OVER THE YEARS AHEAD ... AND WE SHOULD BE DEEPLY ENGAGED IN THAT PROCESS AS WELL.

MANY YEARS AGO, THE AMERICAN PHILOSOPHER, ALFRED NORTH WHITEHEAD, WARNED US ABOUT THE FOLLY OF SEEKING QUICK-AND-EASY ANSWERS TO THE KINDS OF QUESTIONS I'VE RAISED.

HE SAID IT THIS WAY:

"WE MUST NOT EXPECT SIMPLE ANSWERS TO FAR-REACHING
QUESTIONS. HOWEVER FAR OUR GAZE, THERE ARE ALWAYS HEIGHTS
BEYOND, WHICH BLOCK OUR VISION."

MY PLEA TO EACH OF YOU TODAY IS SIMPLY THIS: KEEP PROBING,
KEEP CLIMBING, AND KEEP YOUR VISION AS CLEAR AS CAN BE THROUGHOUT
YOUR CAREER IN MEDICINE.

ONCE AGAIN, THANK YOU FOR YOUR INVITATION TO SPEAK HERE ON
YOUR "CLASS DAY."

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